

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM 100-275

SERIAL NO.

FILING DATE

APPLICANT'S

10/030701

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51						
2							52						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
51							TOTAL						
52							IND.						
53							TOTAL						
54							DEP.						
55							TOTAL						
56							CLAIMS						

100-275

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE